

I hereby claim provisional application priority benefits under 35 U.S.C. §119 (e) of any provisional application(s) under 35 U.S.C. §111(b) listed below:

PRIORITY PROVISIONAL APPLICATION(S)

(Provisional Number)	(Day/Mo./Yr.)	(Priority Claimed)
60/212,153	06/16/2000	(X)Yes ()No
(Provisional Number)	(Day/Mo./Yr.)	
60/166,773	11/22/1999	(X)Yes ()No
(Provisional Number)	(Day/Mo./Yr.)	

POWER OF ATTORNEY

I hereby revoke any previous Powers of Attorney and appoint Robert W. Strozier, Registration No. 34,024 an attorney with the law firm of ROBERT W. STROZIER, P.L.L.C., 2925 Briarpark Dr, Suite 930, Houston, Texas 77042, Customer Number 23873, as its attorney with full power of substitution and revocation, to prosecute the application, to make alterations and amendments therein, to transact all business in the Patent and Trademark Office in connection therewith and to receive the Letters Patent.

I hereby direct that all correspondence and telephone calls be addressed to:

Robert W. Strozier
ROBERT W. STROZIER, P.L.L.C.
 2925 Briarpark Drive
 Suite 930
 Houston, Texas 77042
 Telephone No. 713.977.7000
 Telecopier No. 713.977.7011

Customer No. 23873

I hereby declare that all statements made of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name: Philip G. Crandall

Signature: *Philip G. Crandall*

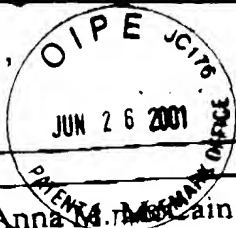
Date: 20 June 01

Citizenship: *USA*

Residence:

Post Office Address (if different):

*2138 Revere, P.D.
 Fayetteville, AR
 72701*



Full Name: Anna M. McCain

Signature:

Anna M. McCain

Date:

6/26/01

Citizenship

U.S.

Residence:

Box 236 Goshen AR

Post Office Address (if different):

72735

Full Name:

Signature:

Date:

Citizenship

Residence:

Post Office Address (if different):

Full Name:

Signature:

Date:

Citizenship

Residence:

Post Office Address (if different):

Full Name:

Signature:

Date:

Citizenship

Residence:

Post Office Address (if different):

Full Name:

Signature:

Date:

Citizenship

Residence:

Post Office Address (if different):